

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)			Application Number 10/722,018		Filing Date 25 November, 2003		<input type="checkbox"/> To be Mailed						
			Applicant(s) NISHIMAKI, MASANOBU						Page 1 of 1				
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 11/23/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1					51					
2				1				52					
3				1				53					
4				1				54					
5				1				55					
6				1				56					
7				1				57					
8			1					58					
9								59					
10				1				60					
11				1				61					
12				1				62					
13				1				63					
14				1				64					
15				1				65					
16				5				66					
17				4				67					
18				1				68					
19								69					
20								70					
21								71					
22								72					
23			1					73					
24				1				74					
25				2				75					
26				1				76					
27				1				77					
28				1				78					
29				1				79					
30				1				80					
31				1				81					
32				1				82					
33				1				83					
34				1				84					
35				1				85					
36				1				86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep			9					Total Indep					
Total Depend				30				Total Depend					
Total Claims			39					Total Claims					

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